

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010249

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: WINDERMERE COUNTRY CLUB FOUNDATION, INC.

**Current Principal Place of Business:**

2710 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

2710 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 14-1908881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUSTAFSON, JOE  
13559 BANANA BAY DRIVE  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: GUSTAFSON, JOE  
Address: 13559 BANANA BAY DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VC ( ) Delete  
Name: BARR, TERESA  
Address: 109 BRAELOCH DR  
City-St-Zip: OCOEE, FL 34761

Title: ST ( ) Delete  
Name: BONNER, VINCE  
Address: 12807 BUTLER BAY COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: BM ( ) Delete  
Name: GUISEPPI, MARC  
Address: 2710 BUTLER BAY DR NORTH  
City-St-Zip: WINDERMERE, FL 34780

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MEMB ( ) Change (X) Addition  
Name: LEVIN, KATHY  
Address: 1748 LAKE ROBERTS COURT  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH GUSTAFSON

MGRM

04/01/2009

Electronic Signature of Signing Officer or Director

Date